

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

VOTEVETS

ADDRESS (number and street)

303 Park Avenue South

Suite 1293

☐Check if different
than previously
reported. (ACC)

New York

NY

10010

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00418897

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Hal Donahue

Signature of Treasurer

Electronically Filed by Hal Donahue

Date

0 1

3 1

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
VOTEVETS

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 1 | 2 | 5 | 2 | 0 | 0 | 8 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 2 | 3 | 1 | 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2008 | | 92822.42 |
| (b) Cash on Hand at Beginning of Reporting Period | 124837.85 | |
| (c) Total Receipts (from Line 19) | 12601.00 | 220582.88 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 137438.85 | 313405.30 |
| 7. Total Disbursements (from Line 31) | 14190.30 | 190156.75 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 123248.55 | 123248.55 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
VOTEVETS

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 6175.00 | 69158.69 |
| (i) Itemized (use Schedule A) | 6426.00 | 80317.22 |
| (ii) Unitemized | 12601.00 | 149475.91 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 178.66 |
| (b) Political Party Committees | 0.00 | 20000.00 |
| (c) Other Political Committees (such as PACs) | 12601.00 | 169654.57 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 28287.83 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 22640.48 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 22640.48 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 12601.00 | 220582.88 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 12601.00 | 197942.40 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 22890.11 |
| (ii) Non-Federal Share..... | 0.00 | 22890.23 |
| (b) Other Federal Operating Expenditures..... | 14190.30 | 60026.41 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 14190.30 | 105806.75 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 3000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 80500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 850.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 14190.30 | 190156.75 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 14190.30 | 167266.52 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 12601.00 | 169654.57 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12601.00 | 169654.57 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 14190.30 | 82916.52 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 14190.30 | 82916.52 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
VOTEVETS

A.

Full Name (Last, First, Middle Initial)
 Rita Tamerius

Mailing Address 727 Ashbury St

City State Zip Code
 San Francisco CA 94117

FEC ID number of contributing
federal political committee.

C

Name of Employer
 N/A

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 0 / 2 0 0 8

Transaction ID: C17899816

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Celia Gilbert

Mailing Address 15 Gray Gardens West

City State Zip Code
 Cambridge MA 02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
 N/A

Occupation
 Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 6 / 2 0 0 8

Transaction ID: C17895323A

Amount of Each Receipt this Period

10.00

* Earmarked Contribution:
 See Below

C.

Full Name (Last, First, Middle Initial)
 ACTBLUE

Mailing Address PO Box 382110

City State Zip Code
 Cambridge MA 02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation
 Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11986.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 8

Transaction ID: C17895323AB

Amount of Each Receipt this Period

10.00

[MEMO ITEM]

Note: Above Contribution
 earmarked through this or-
 ganization.

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A.

Full Name (Last, First, Middle Initial)
Adelaide Gomer

Mailing Address 513 Wyckoff Road

City State Zip Code
Ithaca NY 14850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Foundation

Occupation
Program Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: C17843606A

Amount of Each Receipt this Period

500.00

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11986.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: C17843606AB

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

C.

Full Name (Last, First, Middle Initial)
Herschel Kanter

Mailing Address 5726 28th St N

City State Zip Code
Arlington VA 22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.33

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: C17843584A

Amount of Each Receipt this Period

100.00

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A.

Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing
federal political committee.

C **C00401224**

Name of Employer

Occupation
 Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11986.00

Date of Receipt

12 / 15 / 2008

Transaction ID: C17843584AB

Amount of Each Receipt this Period

100.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

B.

Full Name (Last, First, Middle Initial)
Verna Rudd Kenvin

Mailing Address **8744 Shoshone Avenue**

City State Zip Code
Northridge CA 91325

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.33

Date of Receipt

10 / 14 / 2008

Transaction ID: C17843563A

Amount of Each Receipt this Period

15.00

* Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing
federal political committee.

C **C00401224**

Name of Employer

Occupation
 Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11986.00

Date of Receipt

12 / 15 / 2008

Transaction ID: C17843563AB

Amount of Each Receipt this Period

15.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A.

Full Name (Last, First, Middle Initial)

Verna Rudd Kenvin

Mailing Address 8744 Shoshone Avenue

City

Northridge

State

CA

Zip Code

91325

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.33

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: C17895300A

Amount of Each Receipt this Period

5.00

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11986.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 8

Transaction ID: C17895300AB

Amount of Each Receipt this Period

5.00

[MEMO ITEM]
Note: Above Contribution
earmarked through this or-
ganization.

C.

Full Name (Last, First, Middle Initial)

Gary Passon

Mailing Address 3930 Valley Meadow Rd

City

Encino

State

CA

Zip Code

91436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Network Telephone Services

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: C17843551A

Amount of Each Receipt this Period

300.00

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)

305.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VOTEVETS

A.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11986.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: C17843551AB

Amount of Each Receipt this Period

300.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

B.

Full Name (Last, First, Middle Initial)

Krishna Rangarajan

Mailing Address 2509 Casa Bona Avenue

City

Belmont

State

CA

Zip Code

94002

FEC ID number of contributing
federal political committee.

C

Name of Employer
VOIP Systems

Occupation

software developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: C17895408A

Amount of Each Receipt this Period

20.00

* Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11986.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 8

Transaction ID: C17895408AB

Amount of Each Receipt this Period

20.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

SUBTOTAL of Receipts This Page (optional)

20.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VOTEVETS

A.

Full Name (Last, First, Middle Initial)

Rita Tamerius

Mailing Address 727 Ashbury St

City

San Francisco

State

CA

Zip Code

94117

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 8

Transaction ID: C17895305A

Amount of Each Receipt this Period

25.00

* Earmarked Contribution:
See Below

B.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11986.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 8

Transaction ID: C17895305AB

Amount of Each Receipt this Period

25.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

C.

Full Name (Last, First, Middle Initial)

Terrence Turner

Mailing Address 4 Circle Drive

City

Cold Spring

State

NY

Zip Code

10516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: C17895325A

Amount of Each Receipt this Period

5000.00

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)

5025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
VOTEVETS

A.

Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing
federal political committee. **C C00401224**

Name of Employer Occupation
 Conduit total listed in Agg. field

Receipt For: Aggregate Year-to-Date ▼
☐ Primary ☐ General
☐ Other (specify) ▼ **11986.00**

Date of Receipt

11 / 30 / 2008

Transaction ID: **C17895325AB**

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

B.

Full Name (Last, First, Middle Initial)
Robert Yasi

Mailing Address **3672 Indian Way**

City State Zip Code
San Diego CA 92117-3725

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation
N/A Retired

Receipt For: Aggregate Year-to-Date ▼
☐ Primary ☐ General
☐ Other (specify) ▼ **600.00**

Date of Receipt

10 / 14 / 2008

Transaction ID: **C17843585A**

Amount of Each Receipt this Period

100.00

* Earmarked Contribution:
See Below

C.

Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing
federal political committee. **C C00401224**

Name of Employer Occupation
 Conduit total listed in Agg. field

Receipt For: Aggregate Year-to-Date ▼
☐ Primary ☐ General
☐ Other (specify) ▼ **11986.00**

Date of Receipt

12 / 15 / 2008

Transaction ID: **C17843585AB**

Amount of Each Receipt this Period

100.00

[MEMO ITEM]

Note: Above Contribution
earmarked through this or-
ganization.

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

6175.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 25

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) ADP | Transaction ID: D357477 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 99 Jefferson Rd, Mail Stop 220 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 2 | 6 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 2 | 6 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Parsippany State NJ Zip Code 07054 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payroll Taxes | <table border="1"> <tr> <td colspan="10">168.12</td> </tr> </table> | 168.12 | | | | | | | | | | | | | | | | | | | |
| 168.12 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) ADP | Transaction ID: D357481 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 99 Jefferson Rd, Mail Stop 220 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 3 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 3 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Parsippany State NJ Zip Code 07054 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payroll Fees | <table border="1"> <tr> <td colspan="10">55.54</td> </tr> </table> | 55.54 | | | | | | | | | | | | | | | | | | | |
| 55.54 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) ADP | Transaction ID: D357484 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 99 Jefferson Rd, Mail Stop 220 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 1 | 2 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Parsippany State NJ Zip Code 07054 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Payroll Taxes | <table border="1"> <tr> <td colspan="10">786.68</td> </tr> </table> | 786.68 | | | | | | | | | | | | | | | | | | | |
| 786.68 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

1010.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 25

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) ADP | Transaction ID: D357485 Date of Disbursement |
| Mailing Address 99 Jefferson Rd, Mail Stop 220 | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 2 4 / 2 0 0 8</div> </div> |
| City Parsippany State NJ Zip Code 07054 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Payroll Fees Candidate Name | <div> <div></div> <div>55.54</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) ADP | Transaction ID: D357486 Date of Disbursement |
| Mailing Address 99 Jefferson Rd, Mail Stop 220 | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 3 0 / 2 0 0 8</div> </div> |
| City Parsippany State NJ Zip Code 07054 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Payroll Taxes Candidate Name | <div> <div></div> <div>242.27</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) ADP | Transaction ID: D357487 Date of Disbursement |
| Mailing Address 99 Jefferson Rd, Mail Stop 220 | <div> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>1 2 / 3 1 / 2 0 0 8</div> </div> |
| City Parsippany State NJ Zip Code 07054 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Payroll Fees Candidate Name | <div> <div></div> <div>55.54</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

353.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 25

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Articulated Man, Inc. | Transaction ID: D357482 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1508 W. Sunnyside Ave. | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 3 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 3 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Chicago State IL Zip Code 60640 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Web Hosting Service Candidate Name | <table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table> | 15.00 | | | | | | | | | | | | | | | | | | | |
| 15.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) AT&T Mobility | Transaction ID: D357475 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 6463 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 2 | 5 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 2 | 5 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Carol Stream State IL Zip Code 60197 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Mobile Phone Service Candidate Name | <table border="1"> <tr> <td colspan="10">50.14</td> </tr> </table> | 50.14 | | | | | | | | | | | | | | | | | | | |
| 50.14 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Auburn Quad Inc. | Transaction ID: D354008 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 390728 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 3 | 0 | | 2 | 0 | 0 | 8 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 3 | 0 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| City Cambridge State MA Zip Code 02139-0008 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Processing Fees Candidate Name | <table border="1"> <tr> <td colspan="10">282.83</td> </tr> </table> | 282.83 | | | | | | | | | | | | | | | | | | | |
| 282.83 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

347.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Auburn Quad Inc. <hr/> Mailing Address PO Box 390728 | Transaction ID: D354009 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 8</div> </div> |
| <div> <div>City Cambridge State MA Zip Code 02139-0008</div> <div> <div>Purpose of Disbursement Credit Card Processing Fees</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> <div>Category/Type</div> </div> </div> | Amount of Each Disbursement this Period <div>2.56</div> |
| B. Full Name (Last, First, Middle Initial) Auburn Quad Inc. <hr/> Mailing Address PO Box 390728 | Transaction ID: D354010 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 8</div> </div> |
| <div> <div>City Cambridge State MA Zip Code 02139-0008</div> <div> <div>Purpose of Disbursement Credit Card Processing Fees</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> <div>Category/Type</div> </div> </div> | Amount of Each Disbursement this Period <div>0.79</div> |
| C. Full Name (Last, First, Middle Initial) Authorize.net <hr/> Mailing Address 915 S 500 E Ste 200 | Transaction ID: D357480 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 0 8</div> </div> |
| <div> <div>City American Fork State UT Zip Code 84003-3373</div> <div> <div>Purpose of Disbursement Credit Card Processing Fees</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> <div> <div>State: District:</div> <div>Category/Type</div> </div> </div> | Amount of Each Disbursement this Period <div>20.00</div> |

SUBTOTAL of Disbursements This Page (optional)

23.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 25

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

A.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 56 E 42nd St

City State Zip Code
New York NY 10017-5407

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D357478

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.99

B.

Full Name (Last, First, Middle Initial)
Eric Schmeltzer

Mailing Address 75 Sutton St
1

City State Zip Code
Brooklyn NY 11222-4403

Purpose of Disbursement
Communications Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D357497

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Eric Schmeltzer

Mailing Address 75 Sutton St
1

City State Zip Code
Brooklyn NY 11222-4403

Purpose of Disbursement
Communications Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D357498

Date of Disbursement

/ /

Amount of Each Disbursement this Period

900.00

SUBTOTAL of Disbursements This Page (optional)

1240.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

A.

Full Name (Last, First, Middle Initial)
Eric Schmeltzer

Mailing Address 75 Sutton St
1

City Brooklyn State NY Zip Code 11222-4403

Purpose of Disbursement
Communications Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D357500

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Brandon Friedman

Mailing Address 4975 Morris Ave.
Apt 3343

City Addison State TX Zip Code 75001

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D357509

Date of Disbursement

11 / 26 / 2008

Amount of Each Disbursement this Period

225.00

C.

Full Name (Last, First, Middle Initial)
Brandon Friedman

Mailing Address 4975 Morris Ave.
Apt 3343

City Addison State TX Zip Code 75001

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D357510

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

675.00

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Brandon Friedman</p> <p>Mailing Address 4975 Morris Ave. Apt 3343</p> <p>City Addison State TX Zip Code 75001</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D357511</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>225.00</div> </div> </p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Peter Granato</p> <p>Mailing Address 1701 16th Street NW Apt. 704</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D357505</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>242.35</div> </div> </p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Peter Granato</p> <p>Mailing Address 1701 16th Street NW Apt. 704</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D357506</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 2 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>727.05</div> </div> </p> |

SUBTOTAL of Disbursements This Page (optional)

1194.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

A.

Full Name (Last, First, Middle Initial)

Peter Granato

Mailing Address 1701 16th Street NW
Apt. 704

City Washington State DC Zip Code 20009

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D357507

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

242.35

B.

Full Name (Last, First, Middle Initial)

Les MacDonald

Mailing Address One Caryl Lane

City Philadelphia State PA Zip Code 19118

Purpose of Disbursement
Strategic Management Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D357493

Date of Disbursement

11 / 26 / 2008

Amount of Each Disbursement this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Les MacDonald

Mailing Address One Caryl Lane

City Philadelphia State PA Zip Code 19118

Purpose of Disbursement
Strategic Management Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D357494

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

1800.00

SUBTOTAL of Disbursements This Page (optional)

2642.35

TOTAL This Period (last page this line number only)

| | | | | | | | | | | | |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

NAME OF COMMITTEE (In Full)
VOTEVETS

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Brian McGough | Transaction ID: D357515 Date of Disbursement |
| Mailing Address 43190 Arbor Greene Way | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 0 8</div> </div> |
| City Ashburn State VA Zip Code 20148 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Salary Candidate Name | <div> <div>125.00</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Peter Mellman | Transaction ID: D357501 Date of Disbursement |
| Mailing Address 520 Buchanan Street #12 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 6 / 2 0 0 8</div> </div> |
| City San Francisco State CA Zip Code 94102 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Salary Candidate Name | <div> <div>242.35</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Peter Mellman | Transaction ID: D357502 Date of Disbursement |
| Mailing Address 520 Buchanan Street #12 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 2 / 2 0 0 8</div> </div> |
| City San Francisco State CA Zip Code 94102 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Salary Candidate Name | <div> <div>877.08</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

1244.43

TOTAL This Period (last page this line number only)

| | | | | | | | | | | | |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

NAME OF COMMITTEE (In Full)
VOTEVETS

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Oxford Health Insurance Co. | Transaction ID: D357488 Date of Disbursement |
| Mailing Address 2721 N Central Ave | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 6 / 2 0 0 8</div> </div> |
| City Phoenix State AZ Zip Code 85004-1121 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Health Insurance | <div>175.05</div> |
| Candidate Name | <div>Category/ Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Oxford Health Insurance Co. | Transaction ID: D357476 Date of Disbursement |
| Mailing Address 2721 N Central Ave | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 5 / 2 0 0 8</div> </div> |
| City Phoenix State AZ Zip Code 85004-1121 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Health Insurance | <div>131.29</div> |
| Candidate Name | <div>Category/ Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Jonathan Soltz | Transaction ID: D357490 Date of Disbursement |
| Mailing Address 450 Mass Ave. NW | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 6 / 2 0 0 8</div> </div> |
| City Washington State DC Zip Code 20001 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Salary | <div>467.35</div> |
| Candidate Name | <div>Category/ Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

773.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
VOTEVETS

A.

Full Name (Last, First, Middle Initial)

Jonathan Soltz

Mailing Address 450 Mass Ave. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D357491

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

1402.05

B.

Full Name (Last, First, Middle Initial)

Jonathan Soltz

Mailing Address 450 Mass Ave. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D357492

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

467.35

SUBTOTAL of Disbursements This Page (optional)

1869.40

TOTAL This Period (last page this line number only)

14175.62